

**EDWARDSVILLE COMMUNITY UNIT SCHOOL DISTRICT 7
CERTIFIED SICK LEAVE BANK WITHDRAWAL APPLICATION**

Employee's Name _____

Teaching Assignment _____

(Check One that Applies to this Request)

_____ **Initial Request** (This form must be submitted to the Personnel Department within thirty (30) days after the first day of absence after all sick leave and personal days have been used.)

_____ **Continuation Request** (A new form must be requested, completed and submitted to the Personnel Department no later than 7 calendar days prior to the expiration of the previous request.)

TO BE COMPLETED BY PHYSICIAN:

1. What is the medical diagnosis?

2. What is the prognosis of the medical condition?

3. Does the medical condition preclude the employee from performing their normal duties?

Yes _____ No _____

If yes, can patient work a partial day and/or perform light duties? Yes _____ No _____

If yes, what is the estimated date the patient can return to work with restrictions? _____

Please list restrictions: _____

4. When do you estimate the patient may return to work without restrictions? _____

5. If the patient is a dependent/family member of the employee, please explain in detail why the employee is needed to care for the patient. _____

6. Can patient care be shared with other family members? Yes _____ No _____

7. Other comments that might be helpful to the Sick Leave Bank Committee in making a decision on the above patient (attach a separate sheet if needed).

Physician's Signature _____

Physician's Name _____

(Please print or type physician's name)

Address _____

Phone # _____ Date signed _____

TO BE COMPLETED BY EMPLOYEE:

Date: _____

TO: The Sick Leave Bank Committee

I am submitting this information for your consideration to withdraw sick leave bank payment for my absence.

I would like to withdraw _____ days to cover the period from _____
Month Day Year
through _____
Month Day Year.

Employee's Signature

SICK LEAVE BANK COMMITTEE:

Approved _____

Disapproved _____

Committee Members:

YES	NO	<u>NAME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____